



**PATENT**

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the **PATENT APPLICATION** of:

Kevin Tabor

**Application No.:** 10/001,517

**Confirmation No.:** 3249

**Filed:** October 25, 2001

For: AUTOMATED MANUFACTURING  
EQUIPMENT AND PROCESS FOR  
ASSEMBLY OF ORDERED OPTIC FIBER  
ARRAYS

Group: 1731

Examiner: John M. Hoffmann

Our File: OIC-PT010

Date: December 29, 2003

### **AMENDMENT**

Mail Stop Non-fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following amendment and remarks are respectfully submitted in response to the Office Action, dated October 21, 2003, for the above-identified application. Entry of the following amendment and remarks, without prejudice or disclaimer, is requested.



Image

1731

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/001,517
		Filing Date	October 25, 2001
		First Named Inventor	Kevin Tabor
		Art Unit	1731
		Examiner Name	John M. Hoffmann
Total Number of Pages in This Submission		Attorney Docket Number	OIC-PT010

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ruy M. Garcia-Zamor Volpe and Koenig, P.C.	Reg. No. 44,117
Signature		
Date	12/29/03	

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Ruy M. Garcia-Zamor	Reg. No. 44,117
Signature		Date
		12/29/03

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